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Sheet 1 of

Form PTO-1449				Docket Number (Optional) 00671384		Application Number 09/663,088		
SUPPLE	MENTAL INFORMA CITATION IN AN APPLICA	V	LOSURE					
	(Use several sheets if n	ecessary)						
				Dr. Uwe Schilling				
					ENT DOCUMENTS	· · · · · · · · · · · · · · · · · · ·		
EXAMINER INITIAL	DOCUMENT NUMBER	DATE		NAME	CLASS	SUBCLASS	IF APPRO	DATE OPRIATE
	5,485,161	1/16/96	Vaughn		 		 	
	5,184,123	2/2/93	Bremer et	al.				
as	5,177,685	1/5/93	Davis et a	1				
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•		FORE	IGN PATI	ENT DOCUMENTS				
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in	DE 37 00 552 A1	21.7.88	Germany		-		Abstract	
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